

HIV Prevention and Care Services Contractors Meeting

Wednesday, September 6, 2017

- I. Welcome/Introductions/Announcements – Leila Grubbs & Beth Marschak
- II. New Funding Announcement for HIV Prevention and Surveillance – Elaine Martin, Director of HIV Prevention – See slides.
 - A. 18-1802, from 2018 to 2022, replaces 12-1201
 - B. 11 different strategies and activities
 - C. More emphasis on responding to outbreaks, community-level HIV prevention, PrEP, condom distribution, syringe services, marketing
- III. Open Enrollment/ADAP/ACA Updates – Carrie Rhodes, Care Services – See slides.
 - A. ADAP Application has been updated with checklist at the top to help with application completion. Incomplete applications have gone down significantly since the last contractor meeting!
 - B. Open Enrollment is coming! Use the module in E2VA. It's shorter this year, just 45 days, also fewer carriers, so many clients will need to change. Watch out for auto-reenrollment. Clients don't have to go with whatever plan they're auto-enrolled with. **However, they do need to communicate with VDH about whatever their new plan is so that VDH can make the premium payment.**
- IV. Security & Confidentiality Form Overview – Prevention and Care staff, Chelsea Caumont and Lenny Recupero
 - A. Everybody must read and sign annually, both VDH employees and contractors – all staff who come into contact with confidential client information.
 - B. Deadline will be Jan. 28.
 - C. **DON'T EMAIL CLIENT HEALTH INFORMATION.**
- V. PrEParing Clients for PrEP – Julie Karr subbing for Roy Berkowitz – See slides.
- VI. Agency Spotlight – LGBT Life Center: My Family Project
 - A. Started in 2016 with EVMS. In year two, incorporated into EC4Life grant.
 - B. Recruited through Pride and word of mouth, community outreach
 - C. Produced a book that you can get through the LGBT Life Center
 - D. New families in year two, expanding through media, opportunities for showings at events, tours, etc.
 - E. Still determining what will happen in year three

Lunch

Prevention Meeting

I. CCSA form training – Fatima Elamin and Chelsea Caumont

- Definition of care coordination; managed by the exchange of information
- To identify and select available medical and community resources – CCSA developed by VDH
- Coordination of services, assist with closing the referral loop, allow for easier linkages to care
- Good for up to 24 months
- For both positives and negative persons who need active linkage to clinical or support services
- Newly dx, out of care clients for reengagement, in care for other coordination of services, service navigation for negatives
- See slide for usage chart (type of client/CCSA form use)
- Also used for referring within the same agency (ex. Richmond city to their own PrEP services); for purposes of standardizing and data/record keeping
- Step by step instructions on how to fill it out
 - Accept or decline boxes are crucial
- Client info is voluntary, not required
- Also use for high-risk negatives referred for social services
- Need to know what they want shared and with whom
- Don't leave the linkage agency blank if you are the same agency
- If different agency fax the form to the linkage agency as well
- Debate from group over sending forms to multiple agencies (ex. stigma)
- VDH will have to discuss process more
- Irma suggested creating an internal form for agencies giving the agency permission to send the forms to VDH Fax 8647970

II. PrEP Navigation Strategies

Kendall Mallory – Serenity

- Target younger generations
- Outreach, offer other services to negatives, health fairs, community events
- Application, schedule within 24 hours, evaluate needs, offered CLEAR,
- Discuss PrEP and barriers

Fatima Craighead – Richmond

- Patients come in to local health department, triage nurse discusses risks, then navigate to Fatima, then eligibility, offering delivery program after 3-6 months on program, complete labs, after initial screening for 1-2 hours patient then gets labs, lab results can take 2 weeks, clinicians review labs only on Fridays, then patient contacted on a Friday, Fatima will f/u on patients beyond just Fridays from now on, app then sent to VDH, then patient called to p/u meds at local health department,
- Color coordinated system; 72 patients currently
- Ask patients to call when down to 7-10 pills, screening every 3 months

Cristina Kinkaid – Health Brigade

- PrEP promoted via prevention and at their clinic; trans medical services
- Strict guidelines, 200% of poverty level, have to have NO health insurance
- PrEP screening, draw labs, counsel, labs come back in 24 hrs, certified through Gilead program get meds for free, 7-10 days out then let coordination know to refill, every 3 months recertify with Gilead, refer out to other programs if not eligible there

Struggles:

- Serenity – patients can't afford the meds
- Richmond – coming in every med to pick-up meds
- Health Brigade – picking up meds every month; re-certifying every 3 months; they do a lot of individual counseling daily and has a unique plan that works for them (Richmond says the same)

Larger concerns that patients discuss:

- Richmond – risk reduction planning; case by case; access every 3 months; checks in with patients at p/u
- Health Brigade – counseling, and check in with patients at medication pick-up; concerns about side effects, most clients do not have any
- Serenity – host events twice a month where they can learn about PrEP

Disciplines/skill sets of the counselors?

- Health Brigade – HIV test counselors (most experienced ones), pharmacy coordination, multi-disciplinary team that talks once a month about what's going on with clients
- Richmond – managing program by herself; also works with 3 clinicians; recently formed a PrEP team; DIS
- Serenity – counselors are trained

Is Serenity getting any push back from providers?

- Use Petersburg health department, so no
- Serenity do you have normal work hours or after work hours
- Normal; looking to establish after hours

Small Groups Discussion of PrEP Strategies

- Wish there were more access to private providers; providers sometimes say patients don't need PrEP
- Elaine said someone said it takes providers 5 years to accept new standards
- Serenity – use social media, will do presentations at homes for groups
- Clients as the best advocates says Leigh; Adyem explained the PrEP Ambassador program for Eastern

- Give all the info about PrEP up front
- NovaSalud, workshops with consumers; MOU with providers; Gilead; partnership with DC health department; be creative, transgender movie nights
- In NW (Fredricksburg) the one provider they have listed isn't actually friendly(?), not eligible if partner undetectable; need strategies on how to deal with it; wants to have a PrEP summit just for providers in the area; Leigh says let's talk (VHARC) and Eric offered to also help; Donna said it's the mindset; Gilead willing to talk to the providers; Elaine suggested using networks (Eric gave an example in SW) and personal relationships, then refer to Eric
- ARE, bring local STD and HIV data to providers when they talk to them about PrEP

III. Announcements/Other comments/Concerns:

- Oct 20-22 gay men's health summit for consumers, announced Adyam Redae, registration will be soon, will be held in Norfolk
- Clients being turned away from LHDs for STD services (per Irma)
- Elaine's comments:
 - * STI billing group will discuss
 - * Please tell us when these things happen so it can be worked on
 - * CCSA – holding piece and VDH will go back and regroup; continue with positives and PrEP; for HIV negatives let's hold off until we regroup internally; by next meeting, if not before.

Adjourn